



## Community Hospital North One Year Review

### To the ISTCC Members,

Thank you for the opportunity to seek feedback and assistance from your expertise as we continue our journey to provide the highest quality of Level III Trauma care to the injured patients. Understanding that this road is a complex and difficult one, we have struggled to reach all of our goals in this first year. We have found many opportunities to improve. We have gained significant knowledge and have made many useful and beneficial improvements to the way we function. The purpose of this letter is to expound on our performance improvement initiatives that we have started upon identification of deficiencies.

#### -Trauma Surgeon Response Times:

One of the most challenging, but most essential, components of a trauma program is the timely availability of a Surgeon to evaluate a patient and lead the care of the injured patient. We have struggled with meeting this requirement at CHN, but have instituted a plan that should provide timely Surgeon response and evaluation.

To meet this goal we:

- are instituting an in house call schedule (2 call rooms have been specifically built to support this) so there is always a Surgeon available, in the hospital, to respond to the injured patient.
- have eliminated Surgeons from the call schedule who have not met required response times and have not shown an interest in caring for the injured patient.

#### -Diversion Policy:

After reviewing diversion data for our hospital, we saw that we were on diversion greater than the 5% allowed. Discussion occurred at the senior levels of the hospital to decide on a corrective action for this issue. Since that time, we have added a Trauma specific diversion criteria to our diversion policy (see attached) and have educated our staff and house supervisors of this change in policy. Since the policy was updated (April 2015), we have not had any hours of Trauma Diversion.

Additionally, we completed construction of and opened 48 new inpatient beds in August. These additional beds will decrease our need for diversion as most of our diversion last winter was due to house saturation. The ER will be adding an additional 10 beds, in October, to deal with their increase in volume.

-Trauma Peer Review Committee:

As our program has matured over the last year, the Surgeons/Physicians on the Peer Review Committee has seen the benefit of the committee and have actively worked to increase attendance. Our Trauma Medical Director has had specific conversations with those not meeting the attendance requirement, and with the help of our senior administration, has strongly encouraged them to attend the meetings. General Surgeons who have not met the attendance requirement have been counseled and are at risk of losing call privileges.

We look forward to receiving feedback from the esteemed members of the committee and hearing your advice on how we can further improve the care of the injured patients.

# Indiana Department of Homeland Security

## One Year Progress Report for "in the process" Level III Trauma Center

Hospitals that were granted status as an "in the process" Level III Trauma Center are asked to provide sufficient documentation for the Indiana State Department of Health and the Indiana Department of Homeland Security to demonstrate that your hospital continues to comply with the following requirements:

1. **Submission of trauma data to the State Registry.** The hospital must be submitting data to the Indiana Trauma Registry following the Registry's data dictionary data standard within 30 days of application and at least quarterly thereafter.

Has your hospital submitted trauma data to the State Registry at least two out of the last four quarters?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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2. **Trauma Surgeon response times.** Evidence must be submitted that response times for the Trauma Surgeon are as defined by the Optimal Resources document of the American College of Surgeons. Also, there must be a written letter of commitment, signed by the Trauma Medical Director, that is included as part of the hospital's application. There must be evidence that a trauma surgeon is a member of the hospital's disaster committee.

Have your Trauma Surgeon's maintained a response time as defined by the Optimal Resources document of the American College of Surgeons since granted "in process" Level III Trauma Center status? Provide your hospital's Trauma Surgeon response times including number of responses, response times and percentage within the required timeframe per Trauma Surgeon (documentation tool attached).	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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3. **Diversion policy.** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time. The hospital's documentation must include a record for the previous year showing dates and length of time for each time the hospital was on diversion.

Has your hospital maintained a diversion status of less than 5% of the time since granted "in process" Level III Trauma Center status? Provide your hospital's diversion documentation showing reason for diversion and dates and length of time for each time the hospital was on diversion (documentation tool attached).	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
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4. **Orthopedic Surgery.** There must be an orthopedic surgeon on call and promptly available 24 hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

**Critical Care Physician coverage.** Physicians must be capable of a rapid response to deal with urgent problems as they arise in critically ill trauma patients. There must be prompt availability of Critical Care physician coverage 24 hours per day. Supporting documentation must include a signed letter of commitment of proof of physician coverage 24 hours a day.

<p>Have your Orthopedic Surgeons and Critical Care Physicians maintained coverage 24 hours per day since granted "in process" Level III Trauma Center status?  <i>Provide your hospital's monthly Orthopedic and Critical Care physician call schedules since granted "in process" Level III Trauma Center status.</i></p>	<p>Orthopedic Surgeons:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Critical Care Physicians:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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5. **Operational process performance improvement committee.** There must be a trauma program operational process performance improvement committee and documentation must include a roster of the committee and meeting times for the previous year.

<p>Has your Trauma Program Operational Process Performance Committee met at least quarterly since granted "in process" Level III Trauma Center status?  <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i></p>	<p><input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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6. **Trauma Peer Review Committee.** There must be a multidisciplinary peer review committee with participation by the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia to improve trauma care by reviewing selected deaths, complications, and sentinel events with the objectives of identification of issues and appropriate responses.

<p>Have the trauma medical director or designee and representatives from General Surgery, Orthopedic Surgery, Neurosurgery, Emergency Medicine, and Anesthesia attended your multidisciplinary peer review committee at least 50% of meetings since granted "in process" Level III Trauma Center status?  <i>Provide your hospital's committee meeting dates and times along with a roster of the committee members and their attendance (documentation tool attached).</i></p>	<p>Trauma Medical Director:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>General Surgeon:  <input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>Orthopedic Surgeon:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Neurosurgeon:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Emergency Medicine:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>Anesthesia:  <input checked="" type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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**Additional Information Necessary**

Hospital Name and Mailing Address (no PO Box):

Community Hospital North  
7150 Clearvista Dr  
Indianapolis, IN 46256

Previously known as (if applicable):

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Date the "In the Process" status was granted:

Level Three Adult Aug 2014                      Level One Pediatric \_\_\_\_\_  
Level Two Pediatric \_\_\_\_\_

Hospital's status in applying for ACS verification as a trauma center (including Levels being pursued and date of scheduled ACS verification visit)

No dates currently scheduled  
\_\_\_\_\_  
\_\_\_\_\_

Trauma Medical Director:

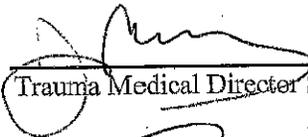
NAME: Joe Pavlik MD  
Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_

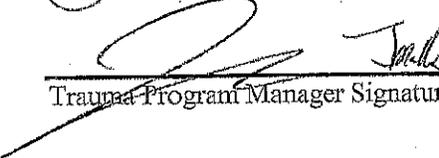
Trauma Program Manager/Coordinator:

NAME: Jeremy Malloch BSN RN EMT-P CFRN  
Email: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell/Pgr #: \_\_\_\_\_

**ATTESTATION:** In signing this application, we are attesting that all information contained herein is accurate and that we and our attesting hospital agrees to be bound by the rules, policies and decisions of the Indiana Emergency Medical Services Commission and the Indiana State Department of Health regarding our status under this program.

 Hatem Husni  
Chief Executive Officer Signature      Hatateen Husni      Printed      9/22/2015      Date

 Joseph J. Pavlik  
Trauma Medical Director Signature      Printed      9/22/15      Date

 Jeremy Malloch  
Trauma Program Manager Signature      Printed      9.22.15      Date

01/22/2014

January 2014

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**Diversion Log**

\*\*On April

Date:	Time On	Time Off	Reason
Jan. 7, 2014	5:55 PM	1/8 @ 1:16 AM	Total ED Diversion due to saturation
Jan. 9, 2014	7:25 PM	1/10 @ 5:19 AM	Total Diversion due to total saturation of real estate and beds
Jan. 14, 2014	12:30 PM	1/15 @ 5:13 PM	Total Diversion due to total saturation of real estate and beds
Jan. 22, 2014	12:30 PM	7:00 PM	Total Diversion due to total saturation of real estate and beds
Feb. 14, 2014	1:08 PM	2/15 @ 10:46 AM	Critical Care Diversion no available ICU beds
Feb. 18, 2014	5:43 PM	9:12 PM	Critical Care Diversion no available
Apr. 7, 2014	2:54 PM	9:24 PM	Total ED Diversion due to saturation ED needed to decompress, unsafe
Apr. 30, 2014	1:20 PM	5:34 PM	Critical care diversion - No ICU or PCU beds available
Apr 30 2014	1734	5/1/14 12:34 AM	Total Diversion saturation of beds
May 5, 2014	1900	5/6/2014 17:00	Total Diversion saturation of beds
May 12, 2014	2338	5/13/2014 17:06	Critical care diversion - No ICU or PCU beds available
May 14, 2014	3:45	17:15	Total Diversion- saturation of beds
May 22, 2014	16:42	20:46	Total Diversion due to saturation of beds
June 24, 2014	19:26	21:53	Total Diversion due to saturation of beds
June 25, 2014	15:47	17:22	Total Diversion due to saturation of beds
August 18, 2014	18:59	23:00	ED Diversion
August 21, 2014	6:55	14:50	Total Diversion due to saturation of beds
August 25, 2014	18:25	8/26/2014 16:38	Total Diversion due to saturation of beds
September 5, 2014	23:55	9/6/2014 1435	Total Diversion due to saturation of beds
September 10, 2014	6:43	9/11/2014 16:09	Total Diversion due to saturation of beds
September 23, 2014	17:55	9/25/14 1300	Total Diversion due to saturation of beds
October 7, 2014	18:13	10/7/2014 20:57	Total Diversion due to saturation of beds
December 2, 2014	11:55	12/3/2014 19:52	Total Diversion due to saturation of beds
December 9, 2014	2:15	10:35	Critical care diversion - No ICU or PCU beds available
December 9, 2014	10:35	19:27	Total Diversion due to saturation of beds
December 9, 2014	19:27	12/10/2014 4:40	Critical care diversion - No ICU or PCU beds available
December 10, 2014	4:40	12/11/2014 15:45	Total Diversion due to saturation of beds
December 15, 2014	14:56	12/16/2014 14:31	Critical care diversion - No ICU or PCU beds available
December 16, 2014	14:31	12/18/2014 17:30	Total Diversion due to saturation of beds
December 23, 2014	13:30	12/24/2014 0:30	Critical care diversion - No ICU or PCU beds available
December 26, 2014	21:30	12/27/2014 15:07	Ed Diversion

Diversion

Date Off	Total Time On	Reason	Monthly Total
December 30, 2014	1520	Critical care diversion - No ICU or PCU beds available	
December 30, 2014	1945	Total Diversion due to saturation of beds	
1/5/2015 1133	5h 3m	Critical Care Diversion, no staff available to take add ICU/PCU pts.	5h 3m
1/6/2015 1904	25h 24m	Total Diversion	30h 27m
1/14/2015 1600	26h	Total Diversion, Holding 10 pts in ED	56h 27m
1/15/15 0900	17h	Critical Care Diversion	73h 27m
2/7/15 1355	6h 21m	Critical Care Diversion, per MD request s/p acuity	6h 21m
2/9/15 0750	19h 50m	Critical Care Diversion, acuity to high to manage	26h 11m
2/11/15 1420	34h 32m	Critical Care Diversion,	60h 43m
2/12/2015 1410	23h 50m	Total Diversion	84h 33m
2/12/15 1842	4h 32m	Critical Care Diversion	89h 5m
3/4/15 1729	12h 57m	Total Diversion	12h 57m
3/6/15 0140	5h 52m	Critical Care Diversion	18h 49m
3/6/15 1719	4h 19m	Critical Care Diversion	23h 8m
3/10/15 2138	24h 31m	Critical Care Diversion	47h 39m
3/10/15 23:30	1h 52m	Total Diversion	46h 31m
3/12/15 1927	44h 3m	Critical Care Diversion	90h 42m
3/19/15 1730	6h 50m	Critical Care Diversion	97h 32m
5/8/15 0240	9h 30m	Total Diversion, ED saturation and bed availability	9h 30 m
7/7/15 2017	8h 57m	Critical Care Diversion	8h 57 m
7/8/2015 1813	3h 53 min	Total Diversion, ED saturation and bed availability	12h 50m

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2015, we instituted a Trauma Specific Diversion status and have not gone on Trauma diversion since that time.

**Total Time On**

7 hrs 21 min
9 hrs 54 min
<b>Jan Total</b>
28 hrs 43 min
4 hrs 30 min ~50 hrs
<b>Feb Total</b>
21 hrs 36 min
3 hrs 30 min ~25 hrs
6 hrs 30 min.
<b>April Total</b>
4 hrs 14 min
7 hrs
22 hrs
16 hrs 20 min
<b>May Total</b>
15 hrs 30 min
4 hrs 4 min
57 hr 54 m
<b>June Total</b>
2 hrs 27 min
1 hrs 35 min
4 hr 2 m
4 hrs 1 min
<b>August Total</b>
7 hrs 55 min
22h 13 min
34 hr 9m
14h 40 min
<b>September Total</b>
32h 51 min
42h 55min
90 hr 26m
<b>October Total</b>
26h 44min
26h 44min
32h
8h 20 min
8h 53 min
9hr 13 min
35h 5min
23h 25 min
51h
11h
18h 37 min

Diversion

	4h 25 min	December Total
	19h 20 min	221h 18 min

Yearly  
Total

79h 48m  
105h 59m

YTD 102hrs total diversion  
0hrs Trauma specific diversion

162h 32m

260h 4m  
269h 34m

282h 24m

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**Operational Process Performance Committee Meetings Log**

Operational Process Performance Committee Member Name	Specialty Represented	10/7/2014	1/13/2015	3/10/2015	5/12/2015	7/14/2015	Overall Attendance	Overall Attendance Percentage
Judy Hall	ER CHN	X	X	X	X		4	80%
Mike Kuhn	ER CHE	X	X				2	40%
Jon Bittles	ICU CHN	X			X	X	3	60%
Dina Thompson	ICU CHE	X		X	X		3	60%
Kimacka Randle	Lab CHN/CHE	X		X	X	X	4	80%
Sue Sandberg/David Kiley M	Administration CHN			X	X		2	40%
Paige Dooley	Administration CHE				X		1	20%
Shelby Hurd	Surgery CHE						0	0%
Marci Jones	Surgery/PACU CHN	X				X	2	40%
Joe Pavlik	TMD CHN	X	X	X		X	4	80%
Bernie Chabenne	TMD CHE	X	X	X	X		4	80%
Jeremey Malloch	TPM CHN	X	X	X	X	X	5	100%
Kristi Croddy	TPM CHE	X	X	X	X	X	5	100%
Shella Castillo	Inpatient Rehab CHE/CHN			X	X		2	40%
Patrick Adsit	Outpatient Rehab CHE/CHN						0	0%
Diane Bohannon	Risk CHE	X					1	20%
Diana Dailidonis	Risk CHN	X					1	20%
David Cruse	Pharmacy CHE/CHN			X	X		2	40%
Dorine Lewis	PACU CHE						0	0%
Tom Jessie	Radiology CHE	X			X		2	40%
Terrie Crocket	Radiology CHN	X					1	20%
John Zartman	EMS CHN/CHE				X		1	20%
Dawn Sullivan-Wright	CNS ER CHN/CHS	X			X		2	40%
Joe Worley	Respiratory Therapy	X					1	20%
Adam Weddle/Julie Packard	Trauma Registrar CHN	X	X	X		X	4	80%
Mary Schober	Trauma Registrar CHE	X		X	X		4	80%
Jack Ditslear	Trauma Surgeon					X	1	20%
Vince Delumpa	Trauma Surgeon					X	1	20%
Jon Jansen	Trauma Surgeon					X	1	20%

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Operations Attendance

					0%
<p><b>Total Number of Operational Process Performance Committee meetings held last year:</b></p>	<p>1. Please place total number of Operational Process Performance Committee meetings held in B23 field.                  2. Place all meeting dates in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . (i.e. if you only had quarterly meetings, then enter dates in C2 through F2)                  3. Then list all committee members in column A with their attendance recorded in appropriate columns.                  4. The overall attendance will automatically calculate in column O and overall percentage in column P.</p>				
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Trauma Peer Review Committee Meetings Log

Trauma Peer Review Committee Member Name	Specialty Represented	9/25/2014	10/7/2014	1/13/2015	3/10/2015	5/12/2015	7/14/2015	9/8/2015	Overall Attendance	Overall Attendance Percentage
Chabenne, Bernie	TMD/Trauma Service	X	X	X	X	X		X	6	86%
Pavlik, Joe	TMD/Trauma Service	X	X	X	X	X	X	X	6	86%
Jansen, Jon	Trauma Service	X	X	X	X	X	X	X	6	86%
Delumpa, Vince	Trauma Service	X	X	X	X	X	X	X	6	86%
Ditslear, Jack	Trauma Service	X	X	X	X	X	X	X	7	100%
Mimms, Scott	Trauma Service	X	X	X	X			X	5	71%
Moreno, Jose	Trauma Service	X	X	X					3	43%
Ihnat, Terry	Trauma Service			X				X	2	29%
McAree, Kevin	Trauma Service								0	0%
Egwu, Victor	Orthopedics		X	X	X	X		X	5	71%
Henne/Harrity	Anesthesia			X	X	X	X		4	57%
Elias, George	Critical Care	X	X	X				X	4	57%
Vonderohe, Eric	EMS/ER	X	X	X	X	X	X	X	7	100%
Godambe, Anjale	Pathology		X	X	X	X	X		5	71%
Cummings, John	Neurosurgery	X	X	X			X	X	5	71%
Ackerman, Bruce	Critical Care				X			X	2	29%
Croddy, Kristi	TPM CHE	X	X	X	X	X	X	X	0	0%
Malloch, Jeremy	TPM CHN	X	X	X	X	X	X	X	0	0%

**Total Number of Trauma Peer Review Committee meetings held last year:**

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1. Please place total number of Trauma peer Review Committee meetings held in B23 field.
2. Place all meeting dates in columns C2 through N2, using only the number of columns appropriate for your facility and deleting excess columns . (i.e. if you only had quarterly meetings, then enter dates in C2 through F2)
3. Then list all committee members in column A with their attendance recorded in appropriate columns.
4. The overall attendance will automatically calculate in column O and overall percentage in column P.

Peer Attendance

64%

15

9/29/2015



Day	Day of the Week	Orthopedist on call
1-Jul-14	Tuesday	
2-Jul-14	Wednesday	
3-Jul-14	Thursday	
4-Jul-14	Friday	
5-Jul-14	Saturday	
6-Jul-14	Sunday	
7-Jul-14	Monday	
8-Jul-14	Tuesday	
9-Jul-14	Wednesday	
10-Jul-14	Thursday	
11-Jul-14	Friday	
12-Jul-14	Saturday	
13-Jul-14	Sunday	
14-Jul-14	Monday	
15-Jul-14	Tuesday	
16-Jul-14	Wednesday	
17-Jul-14	Thursday	
18-Jul-14	Friday	
19-Jul-14	Saturday	
20-Jul-14	Sunday	
21-Jul-14	Monday	
22-Jul-14	Tuesday	
23-Jul-14	Wednesday	
24-Jul-14	Thursday	
25-Jul-14	Friday	
26-Jul-14	Saturday	
27-Jul-14	Sunday	
28-Jul-14	Monday	
29-Jul-14	Tuesday	
30-Jul-14	Wednesday	
31-Jul-14	Thursday	

Day	Day of the Week	Orthopedist on call
1-Aug-14	Friday	S.Sexson
2-Aug-14	Saturday	G. Estes
3-Aug-14	Sunday	T. Trancik
4-Aug-14	Monday	T. Trancik
5-Aug-14	Tuesday	J. Kerpsack
6-Aug-14	Wednesday	G. Feliciano
7-Aug-14	Thursday	P. Sailer
8-Aug-14	Friday	R. Kahn
9-Aug-14	Saturday	V. Egwu
10-Aug-14	Sunday	T. Trancik
11-Aug-14	Monday	M. Welsch
12-Aug-14	Tuesday	B. Fink
13-Aug-14	Wednesday	V. Egwu
14-Aug-14	Thursday	B. Fink
15-Aug-14	Friday	B. Fink
16-Aug-14	Saturday	G. Estes
17-Aug-14	Sunday	B. Fink
18-Aug-14	Monday	G. Feliciano
19-Aug-14	Tuesday	V. Egwu
20-Aug-14	Wednesday	J. Sieber
21-Aug-14	Thursday	P. Sailer
22-Aug-14	Friday	J. Sieber
23-Aug-14	Saturday	J. Kerpsack
24-Aug-14	Sunday	P. Sailer
25-Aug-14	Monday	T. Trancik
26-Aug-14	Tuesday	P. Sailer
27-Aug-14	Wednesday	G. Estes
28-Aug-14	Thursday	C. Doxey
29-Aug-14	Friday	B. Fink
30-Aug-14	Saturday	T. Trancik
31-Aug-14	Sunday	J. Sieber

Day	Day of the Week	Orthopedist on call
1-Sep-14	Monday	C. Doxey
2-Sep-14	Tuesday	G. Feliciano
3-Sep-14	Wednesday	S. Sexson
4-Sep-14	Thursday	B. Fink
5-Sep-14	Friday	J. Kerspack
6-Sep-14	Saturday	B. Fink
7-Sep-14	Sunday	B. Fink
8-Sep-14	Monday	P. Sailer
9-Sep-14	Tuesday	V. Egwu
10-Sep-14	Wednesday	J. Sieber
11-Sep-14	Thursday	M. Sraders
12-Sep-14	Friday	G. Feliciano
13-Sep-14	Saturday	P. Sailer
14-Sep-14	Sunday	T. Trancik
15-Sep-14	Monday	J. Sieber
16-Sep-14	Tuesday	T. Trancik
17-Sep-14	Wednesday	V. Egwu
18-Sep-14	Thursday	M. Sraders
19-Sep-14	Friday	J. Kerspack
20-Sep-14	Saturday	E. Todderud
21-Sep-14	Sunday	T. Trancik
22-Sep-14	Monday	J. Sieber
23-Sep-14	Tuesday	P. Sailer
24-Sep-14	Wednesday	V. Egwu
25-Sep-14	Thursday	S. Sexson
26-Sep-14	Friday	S. Ongwijitwat
27-Sep-14	Saturday	R. Kahn
28-Sep-14	Sunday	M. Sraders
29-Sep-14	Monday	G. Feliciano
30-Sep-14	Tuesday	T. Trancik

Day	Day of the Week	Orthopedist on call
1-Oct-14	Wednesday	S. Sexson
2-Oct-14	Thursday	J. Kerpsack
3-Oct-14	Friday	V. Egwu
4-Oct-14	Saturday	G. Estes
5-Oct-14	Sunday	P. Sailer
6-Oct-14	Monday	T. Trancik
7-Oct-14	Tuesday	M. Sraders
8-Oct-14	Wednesday	J. Sieber
9-Oct-14	Thursday	S. Ongwijitwat
10-Oct-14	Friday	G. Feliciano
11-Oct-14	Saturday	C. Doxey
12-Oct-14	Sunday	G. Feliciano
13-Oct-14	Monday	B. Fink
14-Oct-14	Tuesday	P. Sailer
15-Oct-14	Wednesday	B. Fink
16-Oct-14	Thursday	V. Egwu
17-Oct-14	Friday	B. Fink
18-Oct-14	Saturday	M. Sraders
19-Oct-14	Sunday	B. Fink
20-Oct-14	Monday	S. Ongwijitwat
21-Oct-14	Tuesday	T. Trancik
22-Oct-14	Wednesday	P. Sailer
23-Oct-14	Thursday	T. Trancik
24-Oct-14	Friday	J. Sieber
25-Oct-14	Saturday	J. Sieber
26-Oct-14	Sunday	S. Sexson
27-Oct-14	Monday	V. Egwu
28-Oct-14	Tuesday	P. Sailer
29-Oct-14	Wednesday	G. Feliciano
30-Oct-14	Thursday	S. Ongwijitwat
31-Oct-14	Friday	R. Eaton

Day	Day of the Week	Orthopedist on call
1-Nov-14	Saturday	E. Todderud
2-Nov-14	Sunday	S. Ongwijitwat
3-Nov-14	Monday	P. Sailer
4-Nov-14	Tuesday	J. Sieber
5-Nov-14	Wednesday	V. Egwu
6-Nov-14	Thursday	J. Sieber
7-Nov-14	Friday	S. Ongwijitwat
8-Nov-14	Saturday	C. Doxey
9-Nov-14	Sunday	T. Trancik
10-Nov-14	Monday	M. Sraders
11-Nov-14	Tuesday	B. Fink
12-Nov-14	Wednesday	G. Feliciano
13-Nov-14	Thursday	B. Fink
14-Nov-14	Friday	B. Fink
15-Nov-14	Saturday	V. Egwu
16-Nov-14	Sunday	B. Fink
17-Nov-14	Monday	P. Sailer
18-Nov-14	Tuesday	S. Ongwijitwat
19-Nov-14	Wednesday	G. Estes
20-Nov-14	Thursday	M. Sraders
21-Nov-14	Friday	G. Feliciano
22-Nov-14	Saturday	G. Feliciano
23-Nov-14	Sunday	R. Kahn
24-Nov-14	Monday	B. Fink
25-Nov-14	Tuesday	T. Trancik
26-Nov-14	Wednesday	S. Ongwijitwat
27-Nov-14	Thursday	G. Estes
28-Nov-14	Friday	P. Sailer
29-Nov-14	Saturday	G. Estes
30-Nov-14	Sunday	T. Trancik

Day	Day of the Week	Orthopedist on call
1-Dec-14	Monday	V. Egwu
2-Dec-14	Tuesday	G. Eaton
3-Dec-14	Wednesday	V. Egwu
4-Dec-14	Thursday	S.Ongwijitwat
5-Dec-14	Friday	J. Sieber
6-Dec-14	Saturday	P. Sailer
7-Dec-14	Sunday	J. Kerpsack
8-Dec-14	Monday	P. Sailer
9-Dec-14	Tuesday	T. Trancik
10-Dec-14	Wednesday	M. Sraders
11-Dec-14	Thursday	G. Feliciano
12-Dec-14	Friday	S. Ongwijitwat
13-Dec-14	Saturday	M. Sraders
14-Dec-14	Sunday	S. Ongwijitwat
15-Dec-14	Monday	P. Sailer
16-Dec-14	Tuesday	G. Feliciano
17-Dec-14	Wednesday	S. Sexson
18-Dec-14	Thursday	T. Trancik
19-Dec-14	Friday	C. Doxey
20-Dec-14	Saturday	V. Egwu
21-Dec-14	Sunday	T. Trancik
22-Dec-14	Monday	J. Sieber
23-Dec-14	Tuesday	T. Trancik
24-Dec-14	Wednesday	B. Fink
25-Dec-14	Thursday	S. Sexson
26-Dec-14	Friday	B. Fink
27-Dec-14	Saturday	J. Sieber
28-Dec-14	Sunday	B. Fink
29-Dec-14	Monday	G. Feliciano
30-Dec-14	Tuesday	P. Sailer
31-Dec-14	Wednesday	V. Egwu

Day	Day of the Week	Orthopedist on call
1-Jan-15	Thursday	R. Kahn
2-Jan-15	Friday	T. Trancik
3-Jan-15	Saturday	G. Estes
4-Jan-15	Sunday	M. Sraders
5-Jan-15	Monday	V. Egwu
6-Jan-15	Tuesday	T. Trancik
7-Jan-15	Wednesday	P. Sailer
8-Jan-15	Thursday	S. Ongwijitwat
9-Jan-15	Friday	J. Kerpsack
10-Jan-15	Saturday	G. Feliciano
11-Jan-15	Sunday	R. Kahn
12-Jan-15	Monday	G. Estes
13-Jan-15	Tuesday	T. Trancik
14-Jan-15	Wednesday	V. Egwu
15-Jan-15	Thursday	S. Ongwijitwat
16-Jan-15	Friday	P. Sailer
17-Jan-15	Saturday	P. Sailer
18-Jan-15	Sunday	V. Egwu
19-Jan-15	Monday	M. Sraders
20-Jan-15	Tuesday	J. Sieber
21-Jan-15	Wednesday	G. Feliciano
22-Jan-15	Thursday	P. Sailer
23-Jan-15	Friday	T. Trancik
24-Jan-15	Saturday	S. Ongijitwat
25-Jan-15	Sunday	C. Doxey
26-Jan-15	Monday	M. Sraders
27-Jan-15	Tuesday	V. Egwu
28-Jan-15	Wednesday	G. Feliciano
29-Jan-15	Thursday	P. Sailer
30-Jan-15	Friday	B. Fink
31-Jan-15	Saturday	E. Todderud

Day	Day of the Week	Orthopedist on call
1-Feb-15	Sunday	B. Fink
2-Feb-15	Monday	B. Fink
3-Feb-15	Tuesday	B. Fink
4-Feb-15	Wednesday	S. Ongwijitwat
5-Feb-15	Thursday	G. Feliciano
6-Feb-15	Friday	G. Estes
7-Feb-15	Saturday	J. Kerpsack
8-Feb-15	Sunday	T. Trancik
9-Feb-15	Monday	G. Feliciano
10-Feb-15	Tuesday	S. Sexson
11-Feb-15	Wednesday	M. Welsch
12-Feb-15	Thursday	V. Egwu
13-Feb-15	Friday	M. Sraders
14-Feb-15	Saturday	P. Sailer
15-Feb-15	Sunday	J. Sieber
16-Feb-15	Monday	S. Ongwijitwat
17-Feb-15	Tuesday	M. Welsch
18-Feb-15	Wednesday	T. Trancik
19-Feb-15	Thursday	S. Sexson
20-Feb-15	Friday	V. Egwu
21-Feb-15	Saturday	R. Kahn
22-Feb-15	Sunday	T. Trancik
23-Feb-15	Monday	M. Sraders
24-Feb-15	Tuesday	J. Sieber
25-Feb-15	Wednesday	S. Ongwijitwat
26-Feb-15	Thursday	P. Sailer
27-Feb-15	Friday	G. Feliciano
28-Feb-15	Saturday	M. Welsch
		Orthopedist on call

Day	Day of the Week	Orthopedist on call
1-Mar-15	Sunday	S. Sexson
2-Mar-15	Monday	T. Trancik
3-Mar-15	Tuesday	V. Egwu
4-Mar-15	Wednesday	P. Sailer
5-Mar-15	Thursday	J. Kerpsack
6-Mar-15	Friday	S. Ongwijitwat
7-Mar-15	Saturday	S. Ongwijitwat
8-Mar-15	Sunday	C. Doxey
9-Mar-15	Monday	G. Feliciano
10-Mar-15	Tuesday	V. Egwu
11-Mar-15	Wednesday	J. Sieber
12-Mar-15	Thursday	C. Doxey
13-Mar-15	Friday	B. Fink
14-Mar-15	Saturday	B. Fink
15-Mar-15	Sunday	G. Estes
16-Mar-15	Monday	B. Fink
17-Mar-15	Tuesday	B. Fink
18-Mar-15	Wednesday	S. Ongwijitwat
19-Mar-15	Thursday	P. Sailer
20-Mar-15	Friday	R. Kahn
21-Mar-15	Saturday	S. Sexson
22-Mar-15	Sunday	R. Kahn
23-Mar-15	Monday	G. Estes
24-Mar-15	Tuesday	M. Welsch
25-Mar-15	Wednesday	J. Kerpsack
26-Mar-15	Thursday	P. Sailer
27-Mar-15	Friday	M. Welsch
28-Mar-15	Saturday	E. Todderud
29-Mar-15	Sunday	J. Kerpsack
30-Mar-15	Monday	P. Sailer
31-Mar-15	Tuesday	G. Feliciano

Day	Day of the Week	Orthopedist on call
1-Apr-15	Wednesday	S. Ongwijitwat
2-Apr-15	Thursday	V. Egwu
3-Apr-15	Friday	C. Doxey
4-Apr-15	Saturday	J. Sieber
5-Apr-15	Sunday	M. Sraders
6-Apr-15	Monday	V. Egwu
7-Apr-15	Tuesday	T. Trancik
8-Apr-15	Wednesday	S. Ongwijitwat
9-Apr-15	Thursday	S. Sexson
10-Apr-15	Friday	T. Trancik
11-Apr-15	Saturday	V. Egwu
12-Apr-15	Sunday	G. Feliciano
13-Apr-15	Monday	M. Welsch
14-Apr-15	Tuesday	S. Ongwijitwat
15-Apr-15	Wednesday	M. Sraders
16-Apr-15	Thursday	P. Sailer
17-Apr-15	Friday	B. Fink
18-Apr-15	Saturday	B. Fink
19-Apr-15	Sunday	S. Ongwijitwat
20-Apr-15	Monday	B. Fink
21-Apr-15	Tuesday	B. Fink
22-Apr-15	Wednesday	G. Feliciano
23-Apr-15	Thursday	V. Egwu
24-Apr-15	Friday	G. Feliciano
25-Apr-15	Saturday	G. Estes
26-Apr-15	Sunday	P. Sailer
27-Apr-15	Monday	T. Trancik
28-Apr-15	Tuesday	M. Sraders
29-Apr-15	Wednesday	S. Sexson
30-Apr-15	Thursday	S. Ongwijitwat

Day	Day of the Week	Orthopedist on call
1-May-15	Friday	Sieber
2-May-15	Saturday	Sieber
3-May-15	Sunday	Egwu
4-May-15	Monday	Trancik
5-May-15	Tuesday	Welsch
6-May-15	Wednesday	Ongwijitwat
7-May-15	Thursday	Sailer
8-May-15	Friday	Sraders
9-May-15	Saturday	Kahn
10-May-15	Sunday	Sexson
11-May-15	Monday	Egwu
12-May-15	Tuesday	Sieber
13-May-15	Wednesday	Sailer
14-May-15	Thursday	Trancik
15-May-15	Friday	Feliciano
16-May-15	Saturday	Feliciano
17-May-15	Sunday	Welsch
18-May-15	Monday	Kerpsack
19-May-15	Tuesday	Sailer
20-May-15	Wednesday	Trancik
21-May-15	Thursday	Sraders
22-May-15	Friday	Welsch
23-May-15	Saturday	Todderud
24-May-15	Sunday	Trancik
25-May-15	Monday	Kerpsack
26-May-15	Tuesday	Feliciano
27-May-15	Wednesday	Sexson
28-May-15	Thursday	Trancik
29-May-15	Friday	Sraders
30-May-15	Saturday	Doxey
31-May-15	Sunday	Ongwijitwat

Day	Day of the Week	Orthopedist on call
1-Jun-15	Monday	Feliciano
2-Jun-15	Tuesday	Sailer
3-Jun-15	Wednesday	Egwu
4-Jun-15	Thursday	Kerpsack
5-Jun-15	Friday	Sieber
6-Jun-15	Saturday	Ongwijitwat
7-Jun-15	Sunday	Trancik
8-Jun-15	Monday	Feliciano
9-Jun-15	Tuesday	Estes
10-Jun-15	Wednesday	Sieber
11-Jun-15	Thursday	Egwu
12-Jun-15	Friday	Fink
13-Jun-15	Saturday	Fink
14-Jun-15	Sunday	Sraders
15-Jun-15	Monday	Fink
16-Jun-15	Tuesday	Fink
17-Jun-15	Wednesday	Ongwijitwat
18-Jun-15	Thursday	Feliciano
19-Jun-15	Friday	Egwu
20-Jun-15	Saturday	Doxey
21-Jun-15	Sunday	Estes
22-Jun-15	Monday	Welsch
23-Jun-15	Tuesday	Feliciano
24-Jun-15	Wednesday	Ongwijitwat
25-Jun-15	Thursday	Sieber
26-Jun-15	Friday	Trancik
27-Jun-15	Saturday	Todderud
28-Jun-15	Sunday	Kahn
29-Jun-15	Monday	Welsch
30-Jun-15	Tuesday	Feliciano

Day	Day of the Week	Orthopedist on call
1-Jul-15	Wednesday	Fink
2-Jul-15	Thursday	Fink
3-Jul-15	Friday	Trancik
4-Jul-15	Saturday	Ongwijitwat
5-Jul-15	Sunday	Fink
6-Jul-15	Monday	Sailer
7-Jul-15	Tuesday	Sieber
8-Jul-15	Wednesday	Welsch
9-Jul-15	Thursday	Sraders
10-Jul-15	Friday	Egwu
11-Jul-15	Saturday	Trancik
12-Jul-15	Sunday	Estes
13-Jul-15	Monday	Kerpsack
14-Jul-15	Tuesday	Sraders
15-Jul-15	Wednesday	Sailer
16-Jul-15	Thursday	Egwu
17-Jul-15	Friday	Fink
18-Jul-15	Saturday	Fink
19-Jul-15	Sunday	Doxey
20-Jul-15	Monday	Welsch
21-Jul-15	Tuesday	Estes
22-Jul-15	Wednesday	Sailer
23-Jul-15	Thursday	Ongwijitwat
24-Jul-15	Friday	Sieber
25-Jul-15	Saturday	Sieber
26-Jul-15	Sunday	Welsch
27-Jul-15	Monday	Sexson
28-Jul-15	Tuesday	Feliciano
29-Jul-15	Wednesday	Sraders
30-Jul-15	Thursday	Ongwijitwat
31-Jul-15	Friday	Sailer

Day	Day of the Week	Orthopedist on call
1-Aug-15	Saturday	Sailer
2-Aug-15	Sunday	Sexson
3-Aug-15	Monday	Trancik
4-Aug-15	Tuesday	Sieber
5-Aug-15	Wednesday	Ongwijitwat
6-Aug-15	Thursday	Egwu
7-Aug-15	Friday	Estes
8-Aug-15	Saturday	Estes
9-Aug-15	Sunday	Sraders
10-Aug-15	Monday	Ongwijitwat
11-Aug-15	Tuesday	Welsch
12-Aug-15	Wednesday	Feliciano
13-Aug-15	Thursday	Sailer
14-Aug-15	Friday	Doxey
15-Aug-15	Saturday	Todderud
16-Aug-15	Sunday	Doxey
17-Aug-15	Monday	Welsch
18-Aug-15	Tuesday	Egwu
19-Aug-15	Wednesday	Kerpsack
20-Aug-15	Thursday	Todderud
21-Aug-15	Friday	Sieber
22-Aug-15	Saturday	Sieber
23-Aug-15	Sunday	Welsch
24-Aug-15	Monday	Sailer
25-Aug-15	Tuesday	Sexson
26-Aug-15	Wednesday	Egwu
27-Aug-15	Thursday	Kerpsack
28-Aug-15	Friday	Ongwijitwat
29-Aug-15	Saturday	Ongwijitwat
30-Aug-15	Sunday	Egwu
31-Aug-15	Monday	Feliciano



# Community Health Network

## CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For:  CHE  CHN  CHS  CHVH

CANCELS: 2/9/09; 5/23/12; 1/16/14

CORP#: CLN-2087

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EFFECTIVE: 2/2/15

### TITLE: READY TO SERVE/DIVERSION (AMBLUANCE DIVERSION)

#### Purpose:

To provide a plan for the orderly arrangement of staffing and patient placement during any situation that has the potential to cause a break in the provision of essential patient care and services. Examples include (but not limited to): a winter storm warning, internal or external disasters, Red Light Bed Alert and ambulance diversion.

#### Policy Statements:

1. The provision of high quality patient care is the primary focus of the Community Health Network (CHNw).
2. All departments that support patient care will maintain a roster which includes staff phone numbers, distance from the hospital and travel time to reach the hospital.
3. Staffing level that support patient care will be addressed if there is a Red Light Bed Alert, winter storm warning, code internal or external, or ambulance diversion.
4. In rare instances the need to consider diversion may be due to untoward patient volumes, high acuities, and compromised physical and/or available resources either in acute care or in the emergency department. In these situations, when there may not be sufficient patient beds and/or patient care staff to safely care for any additional patients, the delivery of ambulance patients to a facility may be temporarily diverted. The rationale of such a diversion is to allow optimal patient care, while causing the least amount of hardship to other hospitals, including other facilities in the CHNw, or to EMS providers.
5. When diversion is being considered:
  - a. Only one (1) of the large metropolitan hospitals (excluding Eskenazi) will be on diversion at any one time; this includes Community Hospital East (CHE), St. Francis, St. Vincent, and Methodist.
  - b. Only one (1) of the CHNw hospitals – East, North, and South –will be on diversion at any one time.
  - c. In a rare instance when patient safety dictates more than one facility to divert at once negotiation and collaboration occurs between sites and leaders, eg ED Directors, Nurse Managers, and Facility President, frequently to remedy the situation. The CHE House Supervisor, after collaboration with DART is empowered to make whatever decisions are necessary to avoid diversion, this may include mandating certain patient placements or staffing patterns.
6. A recommendation for diversion is made by the Emergency Department (ED) Director/designee after receiving data from the ED physician, the ED Patient Care Coordinator (PCC)/Charge Nurse, and the House Supervisor, The ED Director/designee then communicates and collaborates with the Vice President (VP) of Patient Care Services or designee for that facility to finalize the decision and determine the official diversion status, ie total or critical. The Regional Administrator on call will also be notified by the House Supervisor after hours. The cooperation of all site departments is necessary in order to implement this process. All patient care units, and all other applicable ancillary units, are expected to cooperate, negotiate in good faith, and work toward the common goal of managing patient flow and avoiding diversion.



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EFFECTIVE: 2/2/15

General Information:

1. **DIVERSION (ambulance diversion):** The process of requesting EMS units to temporarily refrain from transporting incoming ambulance patients to a particular facility. Most often, diversion is due to unmanageable patient volumes, acuties, compromised physical resources or environment, Per agreement with metropolitan Indianapolis hospitals and EMS providers, there are seven recognized categories of diversion:
  - a. Critical Care Diversion – Diversion of patients likely to require the most intense level of care and services, and likely to be admitted to critical care beds and/or monitored beds.
  - b. Total Diversion – Diversion of all incoming ambulance patients. (NOTE: In the case of the following patients, the situation may be evaluated on a case-by-case basis: laboring mothers, patients in cardiac or respiratory arrest, patients in extremis, or ambulances which are in very close proximity to the hospital.)
  - c. Psych Diversion – At Community Hospital North (CHN), times exist when the Behavioral Health Pavilion must divert patients. In these instances, the Medical Director and/or Executive Director for Behavioral Health are in charge of making the decision and notifying the House Supervisor at CHE to initiate the diversion.
  - d. Cath Lab Diversion – Due to equipment failure in this department, diversion of patients with complaints likely to require this department’s services is called and EMS units are alerted to divert those patients in order that they receive optimum care.
  - e. Specific Resource Diversion – This is not an officially recognized “diversion” status in the community at large. For example, CT scanner(s) are non-functional. Diversion of patients with complaints likely to require that resource is called and EMS units are alerted to divert those patients in order that they receive optimum care. This type of diversion lasts only until the resource/issue can be resolved.
  - f. Trauma Diversion- When one or more essential hospital resource is functioning at maximum capacity or otherwise unavailable, it may be in the best interest of a traumatically injured patient to be directed to an alternative facility for care. Such circumstances may occur but are not limited to the following: ED’s capacity is saturated; critical patient care resources exceeds availability, ED resources are fully committed due to an internal/external disaster, Trauma Surgeons are not or will not be available in a timely manner, Operating Room is functioning at maximum capacity and will not have availability in a timely manner, no CT Scan availability. House Supervisor, ED PCC/Charge Nurse, ED Physician, Trauma Surgeon on call and/or Trauma Program Manager will collaborate to decide if Trauma Diversion should be initiated.
  - g. Immediate Detention Diversion: Security Supervisor deems that an unsafe environment exists due to the ratio of ID (Immediate Detention) patients to security staff available in the ED. Security Supervisor discusses with House Supervisor and ED PCC/Charge Nurse the need for ID Diversion until ID patient and security staff available reach a safe level.
2. **BEDS/PATIENT FLOW** - Bed Alerts are a declared situation and electronic communication is sent to alert the Network.
  - a. YELLOW LIGHT - approximately 91% occupancy of core beds.
  - b. BLUE LIGHT - indicates the number of ready/available beds exceeds the number of available staff.
  - c. RED LIGHT - nearing 100% occupancy; indicates the number of inpatients or admissions has exceeded the number of beds available.
  - d. Updated Bed Aggregation numbers for each facility are maintained at CHE in the House Supervisor’s office.
  - e. The CHE House Supervisor is responsible for initiating the Network Alert daily.
3. **DART (Diversion Avoidance Response Team)**



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- a. The DART group convenes in person and/or via telephone when census/acuity is high, and diversion is a threat. The group's goal is avoiding diversion by whatever means possible, and they are empowered to do so by Senior Leadership. A meeting of this group is requested when it is felt that diversion issues may arise soon if plans are not implemented to alleviate patient overload. NOTE: If a diversion decision is needed emergently, the ED Director in consultation with the facility VP of Patient Care Services may make that decision emergently and DART can be convened forthwith to work on solutions to end the diversion status as quickly as possible.
  - b. The DART is comprised of:
    - House Supervisor
    - Emergency Department Clinical Director or designee
    - Nursing Site Leaders
    - Ancillary Site Leaders, eg., Case Management, Environmental Services
    - Facility President
    - Site-specific personnel as designated by Facility President
4. **EMERGENCY STAFFING PLAN** - consists of:
- a. Holding essential staff over for duty on subsequent shifts
  - b. And/or recruiting staff from alternative sources within the hospital network
  - c. And/or requesting transportation service through Security Dispatch for staff essential to patient care and who are unable to provide their own transportation
  - d. And/or providing lodging quarters, supplies, food, and compensation for staff, volunteers, and contracted service employees
  - e. The hospital may provide transportation for staff needed for essential patient care and services after all efforts for self-transportation have been exhausted. When making arrangements to pick up staff, the network commits to making arrangements to take staff back home via 4-wheel drive vehicles or prepaid taxi. However, the network cannot commit to the exact time staff will be taken home. The network cannot guarantee that there will be a sufficient number of 4-wheel drive vehicles (or taxi service) available to meet the demand for pick up and return.
5. CODE INTERNAL can include, but is not limited to loss of communications, utility failure (ie electric, water, medical gas, HVAC), bioterrorist threat, chemical spill or communicable disease outbreak. A Code Internal is a situation that has potential to disrupt the normal course of business, cause damage or create casualties.
6. CODE EXTERNAL can include but is not limited to bus/plane or multiple auto accident (resulting in patient influx), release of a toxic substance, bioterrorist attack terrorist attack or incident causing multiple injuries/casualties. A Code External at one site does not mean there needs to be a Code External initiated at all sites.
7. Electronic communication devices are used to notify the network of disasters, bed alerts, etc.
8. PAY PRACTICES: refer to Community Health Network Human Resource Policy and Procedure Manual.

Procedure:

**DIVERSION**

1. The ED identifies that it is unable to accommodate further patient influx.
2. The charge nurse in conjunction with the ED physician contacts the ED Director/designee, who will then coordinate efforts to alleviate the situation. The Director/designee will consult with the VP of Patient Care Services and the Region Administrator on call as needed to get the situation relieved. If the situation is not able to be relieved, the appropriate diversion may be called at this point.
3. The department notifies the CHE House Supervisor.



# Community Health Network

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4. The CHE House Supervisor pages all CHNw leadership, utilizing the network emergency alpha pagers: "Dart Meeting" with time and meeting place.
5. The DART is immediately activated, as follows (unless previously activated):
  - a. There is an immediate halt on all placements of admissions, while a rapid assessment of the situation is conducted; the halt applies to, but is not limited to the following areas/departments: ED, Operating Room (OR), Post Anesthesia Care Unit (PACU), Cardiac Cath Lab, and all inpatient and short stay/daybed units.
  - b. Guidelines for this rapid but thorough assessment may include, but are not limited to:
    - 1.) Analysis of numbers of patients throughout the facility
      - b.) in ED – total and those to be admitted
      - c.) in the Cath Lab – currently and slated
      - d.) the OR/PACU -- currently and slated
    - 2.) Assessment of number of available house beds, including pending discharges and transfers
    - 3.) Assessment of bed utilization
      - a.) Are all available beds being utilized?
      - b.) Are there any beds on the Pediatric or Family Rooms units? (Note: Pediatrics can take patients up to age 25 without special permission; Family Rooms can take non-infectious female patients)
      - c.) Does a unit (or units) need to "flex up"?
      - d.) Can patients be held in closed areas, eg, Endoscopy or Ambulatory Care?
      - e.) What closed beds can be re-opened immediately? In one hour? In four hours?
      - g.) Who else can be utilized to provide patient care - non-clinical and/or administrative nurses to provide direct patient care?
    - 4.) Movement of patients
      - a.) Has a particular patient's condition been upgraded, qualifying the patient for a lower level of care?
      - b.) Can patients be transferred to another CHNw facility? (i.e. cardiac patients going to CHVH the next morning for cardiac catheterization.)
6. If diversion is unavoidable, the CHE House Supervisor makes the following notifications, in this order, 24/7:
  - a. Notify EMS:
 

CHE	Mesh Indy TRAC System
Hancock County – Buck and Sugar Creek	317-477-1144
CHN/CHVH/Behavioral Care	Mesh Indy TRAC System
Hamilton County	317-773-1282
CHS	Mesh Indy TRAC System
Brown Township	317-831-6366
  - b. Page all CHNw leadership, between 0600-2200, utilizing the network emergency alpha pagers: "Diversion" with what hospital and pertinent information related to the diversion.
7. CHE House Supervisor will log diversion information in the Network Diversion Log.
8. The entire situation will be re-evaluated, not less than every two (2) hours.
9. The diversion will be deactivated as soon as possible; the CHE House Supervisor will:
  - a. Notify EMS, following the above steps, see 6.a.
  - b. Page all CHNw leadership, between 0600-2200, utilizing the network emergency alpha pagers stating the diversion is over.
  - c. The CHE House Supervisor will log the information in the Network Diversion Log.



# Community Health Network

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### DECLARING A YELLOW, BLUE OR RED LIGHT BED ALERT

1. Each unit/department assesses bed availability for potential problems. Notify the House Supervisor at CHE via alpha-numeric pager 904-4110 of potential problems.
2. The CHE House Supervisor assesses daily at 0500, 1300, 2000, and PRN the number of current inpatients at all 4 Indianapolis Community Health Network hospitals
3. The CHE House Supervisor evaluates the information from all sites to determine if a Bed Alert needs to be called. The CHE House Supervisor will assess which are the most appropriate units to place centralized staff when supply and demand do not match, eg skill mix, on-call procedures.
4. When a RED LIGHT is called, departments may be notified of the potential need to hold patients.

### EMERGENCY STAFFING PLAN INITIATION:

1. Department Directors or designee determine staffing requirements for providing essential patient care and services (ie Nursing Service, Dietary, Laboratory, X-ray, and Maintenance) and initiate plans, which may include:
  - a. Retain current staff.
  - b. Recruit staff from alternative sources within the hospital network.
  - c. Request transportation service
  - d. For coordination, all nursing service units/departments communicate their individual nurse staffing status with Centralized Staffing (355-2137).

### TRANSPORTATION SERVICES

1. Leadership arranges employee transportation with Security (355-5296), making the request as soon as possible but not more than three (3) hours prior to employee's scheduled start time.
2. Security determines transportation assignments, considering:
  - a. Weather and road conditions.
  - b. Employees located in close proximity to others may in some cases determine pick-up priorities.
3. Safety & Security coordinates requests for return transportation with pick up requests. Pick up requests have priority over return transportation. Return transportation is scheduled on a first come, first serve basis.
4. Transportation vehicle pool:
  - a. All hospitals owned vehicles are available to the Transportation Pool
  - b. Security Dispatch contacts the Director of Facilities Engineering or designee in regards to providing transportation assistance
  - c. All drivers are issued a two – way radio or cellular phone.
  - d. Security dispatch records driver mileage.
  - e. Expenses (mileage) is recorded when non-hospital owned vehicles are used for the reimbursement of expenses under standard travel practices.
  - f. Fuel reimbursement and hourly wages to hospital and non-hospital employees will be paid fuel reimbursement and hourly wages after receipts are turned into the Secretary of Safety and Security.

### LODGING QUARTERS AND PROVISIONS:

1. If necessary, due to the projected length of severe, inclement weather or the projected length of the Internal Disaster, lodging quarters will be provided for employees who volunteer or are requested to stay in the hospital to staff projected vacancies.
2. Lodging will be coordinate by Environmental Services and House Supervisor.
3. Toiletries are coordinated through Materials Management.



# Community Health Network

## CORPORATE CLINICAL POLICY AND PROCEDURE

Approved For:  CHE  CHN  CHS  CHVH

CANCELS: 2/9/09; 5/23/12; 1/16/14

CORP#: CLN-2087

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EFFECTIVE: 2/2/15

4. Food services are coordinated by Nutrition and Food Services. The Cafeteria will be available during regularly scheduled meal periods.

Owned by: CHE House Supervisor

<u>Approved by:</u>	Infection Prevention	<u>Date:</u> 1/5/15
	Risk Management	<u>Date:</u> 1/5/15
	Safety and Security	<u>Date:</u> 1/9/15
	Emergency Department Directors	<u>Date:</u> 1/9/15
	Nutrition and Food Services	<u>Date:</u> 12/31/14
	Environmental Services	<u>Date:</u> 1/9/15
	CLN Process Oversight Designee	<u>Date:</u> 12/31/14

Approved: \_\_\_\_\_  
Chief Nursing Officer

Date:

# October 2014/Critical Care Medicine on Call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5 7a-7p- Rubeiz 7p-7a- Joseph	6 7a-7p-Ackerman, Boulos, Tielker, Rubeiz 7p-7a - Joseph	7 7a-7p-Ackerman, Boulos, Tielker, Rubeiz 7p-7a - Joseph	1 7a-7p Devnani, Boulos, Rubeiz 7p-7a - Tielker	2 7a-7p Devnani, Boulos, Rubeiz 7p-7a - Tielker	3 7a-7p- Ackerman, Boulos, Rubeiz 7p-7a- Joseph	4 7a-7p- Rubeiz 7p-7a - Joseph
12 7a-7p Ackerman 7p-7a- Rubeiz	13 7a-7p-Ackerman, Boulos, Tielker 7p-7a- Quick	14 7a-7p-Ackerman, Boulos, Tielker, Rubeiz 7p-7a- Quick	15 7a-7p-Ackerman, Devnani, Tielker, Rubeiz 7p-7a-Quick	16 7a-7p-Ackerman, Devnani, Tielker, Rubeiz 7p-7a-Quick	17 7a-7p-Devnani, Rubeiz 7p-7a-Miller	18 7a-7p-Roesner 7p-7a-Miller
19 7a-7p- Roesner 7p-7a- Miller	20 7a-7p-Devnani, Rubeiz 7p-7a- Elias	21 7a-7p-Ackerman, Devnani, Rubeiz 7p-7a-Elias	22 7a-7p-Ackerman, Boulos, Rubeiz 7p-7a-Elias	23 7a-7p-Ackerman, Boulos 7p-7a- Elias	24 7a-7p-Ackerman, Devnani, Rubeiz 7p-7a- Boulos	25 7a-7p - Devnani 7p-7a- Boulos
26 7a-7p - Devnani 7p-7a- Boulos	27 7a-7p-Ackerman, Devnani 7p-7a-Gianaris	28 7a-7p-Devnani, Boulos 7p-7a-Gianaris	29 7a-7p-Devnani, Boulos, Tielker 7p-7a-Gianaris	30 7a-7p-Devnani, Boulos, Tielker 7p-7a-Gianaris	31 7a-7p-Devnani, Boulos, Tielker 7p-7a-Rhodes	



# November 2014/ Critical Care Medicine on Call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1 7a-7p Rubeiz 7p-7a Rhodes
2 7a-7p Rubeiz 7p-7a Rhodes	3 7a-7p Ackerman, Devnani, Tielker 7p-7a - Rubeiz	4 7a-7p Ackerman, Devnani, Tielker 7p-7a - Rubeiz	5 7a-7p Ackerman, Devnani, Tielker 7p-7a - Rubeiz	6 7a-7p Ackerman, Boulos, Tielker 7p-7a - Rubeiz	7 7a-7p Ackerman, Boulos, Tielker Roesner 7p-7a	8 7a-7p Boulos 7p-7a Roesner
9 7a-7p Boulos 7p-7a Roesner	10 7a-7p Boulos, Devnani, Rubeiz, Tielker Roesner 7p-7a	11 7a-7p Boulos, Devnani, Rubeiz, Tielker Roesner 7p-7a	12 7a-7p Boulos, Devnani, Rubeiz, Tielker Roesner 7p-7a	13 7a-7p Boulos, Devnani, Rubeiz, Tielker Roesner 7p-7a	14 7a-7p Boulos, Devnani, Rubeiz, Tielker Helou 7p-7a	15 7a-7p Miller 7p-7a Helou
16 7a-7p Miller 7p-7a Helou	17 7a-7p Devnani, Boulos, Tielker Haque 7p-7a	18 7a-7p Devnani, Boulos, Tielker Haque 7p-7a	19 7a-7p Ackerman, Boulos, Tielker Haque 7p-7a	20 7a-7p Ackerman, Boulos, Tielker Haque 7p-7a	21 7a-7p Ackerman, Devnani, Tielker Gianaris 7p-7a	22 7a-7p Rhodes 7p-7a Gianaris
23 7a-7p Rhodes 7p-7a Gianaris	24 7a-7p Ackerman, Devnani, Tielker, Rubeiz Elias 7p-7a	25 7a-7p Boulos, Devnani, Tielker, Rubeiz Elias 7p-7a	26 7a-7p Boulos, Devnani, Tielker, Rubeiz Elias 7p-7a	27 7a-7p Roesner, Miller Elias 7p-7a	28 7a-7p Roesner, Miller Haque 7p-7a	29 7a-7p Roesner 7p-7a Haque
30 7a-7p Roesner 7p-7a Haque						



# December 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1 7a-7p Devnani, Ackerman, Tielker 7p-7a Boulos	2 7a-7p Devnani, Ackerman, Tielker, Rubeiz 7p-7a Boulos	3 7a-7p Ackerman, Tielker, Rubeiz 7p-7a Boulos	4 7a-7p Ackerman, Tielker, Rubeiz 7p-7a Boulos	5 7a-7p Ackerman, Tielker, Rubeiz 7p-7a Miller	6 7a-7p Rubeiz 7p-7a Miller
7 7a-7p Rubeiz 7p-7a Miller	8 7a-7p Ackerman, Boulos, Tielker, Rubeiz 7p-7a Miller	9 7a-7p Ackerman, Boulos, Tielker, Rubeiz 7p-7a Miller	10 7a-7p Ackerman, Tielker, Rubeiz, Boulos 7p-7a Miller	11 7a-7p Ackerman, Tielker, Rubeiz, Boulos 7p-7a Miller	12 7a-7p Ackerman, Tielker, Rubeiz, Boulos 7p-7a Quick	13 7a-7p Tielker 7p-7a Quick
14 7a-7p Tielker 7p-7a Quick	15 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Ackerman	16 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Ackerman	17 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Ackerman	18 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Ackerman	19 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Elias	20 7a-7p Rhodes 7p-7a Elias
21 7a-7p Rhodes 7p-7a Elias	22 7a-7p Devnani, Rubeiz 7p-7a Rhodes	23 7a-7p Devnani, Rubeiz 7p-7a Rhodes	24 7a-7p Devnani, Rubeiz 7p-7a Rhodes	25 7a-7p Devnani, Rubeiz 7p-7a Rhodes	26 7a-7p Devnani, Rubeiz 7p-7a Ackerman	27 7a-7p Devnani 7p-7a Ackerman
28 7a-7p Devnani 7p-7a Ackerman	29 7a-7p Devnani, Rubeiz, Ackerman, Tielker 7p-7a Helou	30 7a-7p Devnani, Rubeiz, Ackerman, Tielker 7p-7a Helou	31 7a-7p Devnani, Rubeiz, Ackerman, Tielker 7p-7a Helou			

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# January 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1 7a-5p Devnani, Rubeiz Tielker, Ackerman 5p-7a- Helou	2 7a-5p Devnani, Rubeiz Tielker, Ackerman 5p-7a- Tielker	3 7a-5p Boulos Tahir, Sturtevant 5p-7a Tielker
4 7a-5p Boulos Tahir, Sturtevant 5p-7a Tielker	5 7a-5p Devnani, Boulos 5p-7a Tielker	6 7a-5p Devnani, Boulos 5p-7a Tielker	7 7a-5p Devnani, Boulos 5p-7a Tielker	8 7a-5p Devnani, Boulos, Rubeiz 5p-7a Tielker	9 7a-5p Devnani, Boulos, Rubeiz 5p-7a Roesner	10 7a-5p Ackerman, Carver, Nunez 5p-7a Roesner
11 7a-5p Ackerman, Carver, Nunez 5p-7a Roesner	12 7a-5p Ackerman, Rubeiz, Tielker 5p-7a Roesner	13 7a-5p Ackerman, Rubeiz, Tielker 5p-7a Roesner	14 7a-5p Ackerman, Boulos, Tielker 5p-7a Roesner	15 7a-5p Ackerman, Boulos, Tielker 5p-7a Roesner	16 7a-5p Ackerman, Boulos, Tielker 5p-7a Rhodes	17 7a-5p Miller, Tahir, Sturtevant 5p-7a Rhodes
18 7a-5p Miller, Tahir, Sturtevant 5p-7a Rhodes	19 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Devnani	20 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Devnani	21 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Devnani	22 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Devnani	23 7a-5p Ackerman, Boulos, Tielker 5p-7a Rubeiz	24 7a-5p Rhodes, Magid, Nunez 5p-7a Rubeiz
25 7a-5p Rhodes, Magid, Nunez 5p-7a Rubeiz	26 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Quick	27 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Quick	28 7a-5p Ackerman, Boulos, Rubeiz, Tielker 5p-7a Quick	29 7a-5p Ackerman, Boulos, Rubeiz, 5p-7a Quick	30 7a-5p Ackerman, Boulos, Rubeiz, 5p-7a Elias	31 7a-5p Boulos, Tahir, Sturtevant 5p-7a Elias

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# February 2015/Critical Care Medicine on call Schedule for CHN

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	7a-7p Boulios 7p-7a Elias	2 7a-7p Ackerman, Boulios, Rubeiz 7p-7a - Gianaris	3 7a-7p Ackerman, Boulios, Rubeiz 7p-7a Gianaris	4 7a-7p Ackerman, Boulios 7p-7a Gianaris	5 7a-7p Ackerman, Boulios 7p-7a Gianaris	6 7a-7p Ackerman, Boulios 7p-7a Miller	7 7a-7p Roesner 7p-7a Miller
8	7a-7p Roesner 7p-7a Miller	9 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Rhodes	10 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Rhodes	11 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Rhodes	12 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Rhodes	13 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Joseph	14 7a-7p Rubeiz 7p-7a Joseph
15	7a-7p Rubeiz 7p-7a Joseph	16 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Joseph	17 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Joseph	18 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Joseph	19 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Joseph	20 7a-7p Ackerman, Boulios, Rubeiz, Tielker 7p-7a Helou	21 7a-7p Tielker 7p-7a Helou
22	7a-7p Tielker 7p-7a Helou	23 7a-7p Ackerman, Boulios, Tielker 7p-7a Rubeiz	24 7a-7p Ackerman, Boulios, Tielker 7p-7a Rubeiz	25 7a-7p Ackerman, Boulios, Tielker 7p-7a Rubeiz	26 7a-7p Ackerman, Devnani, Boulios, Tielker 7p-7a Rubeiz	27 7a-7p Ackerman, Devnani, Boulios, Tielker 7p-7a Gianaris	28 7a-7p Rhodes 7p-7a Gianaris

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# March 2015/Critical Care Medicine on call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 7a-7p Rhodes 7p-7a Gianaris	2 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	3 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	4 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	5 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	6 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Boulos	7 7a-7p Tielker 7p-7a Boulos
8 7a-7p Tielker 7p-7a Boulos	9 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Elias	10 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Elias	11 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Elias	12 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Elias	13 7a-7p Boulos, Devnani, Rubeiz, Tielker 7p-7a Quick	14 7a-7p Devnani 7p-7a Quick
15 7a-7p Devnani 7p-7a Quick	16 7a-7p Boulos, Devnani, Rubeiz 7p-7a Miller	17 7a-7p Boulos, Devnani, Rubeiz 7p-7a Miller	18 7a-7p Boulos, Devnani, Rubeiz Tielker 7p-7a Miller	19 7a-7p Ackerman, Devnani, Tielker 7p-7a Miller	20 7a-7p Ackerman, Devnani, Tielker 7p-7a Haque	21 7a-7p Tielker 7p-7a Haque
22 7a-7p Tielker 7p-7a Haque	23 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Boulos	24 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Boulos	25 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Boulos	26 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Boulos	27 7a-7p Ackerman, Devnani, Rubeiz, 7p-7a Haque	28 7a-7p Rhodes 7p-7a Haque
29 7a-7p Rhodes 7p-7a Haque	30 7a-7p Boulos, Devnani, Rubeiz 7p-7a Ackerman	31 7a-7p Boulos, Devnani, Rubeiz 7p-7a Ackerman				



# April 2015/Critical Care Medicine on call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 7a-7p Devnani, Rubeiz 7p-7a Boulos	2 7a-7p Devnani, Rubeiz 7p-7a Boulos	3 7a-7p Devnani, Rubeiz 7p-7a Roesner	4 7a-7p Devnani, Barnes, Tahir 7p-7a Roesner
5 7a-7p Devnani, Barnes, Tahir 7p-7a Roesner	6 7a-7p Devnani, Rubeiz, Tielker 7p-7a Haque	7 7a-7p Devnani, Rubeiz, Tielker 7p-7a Haque	8 7a-7p Devnani, Rubeiz, Tielker 7p-7a Haque	9 7a-7p Devnani, Rubeiz, Tielker 7p-7a Haque	10 7a-7p Devnani, Rubeiz, Tielker 7p-7a Gianaris	11 7a-7p Roesner, Carver, Magid 7p-7a Gianaris
12 7a-7p Roesner, Carver, Magid 7p-7a Gianaris	13 7a-7p Ackerman, Devnani, Rubeiz, Tielker 7p-7a Helou	14 7a-7p Ackerman, Devnani, Tielker 7p-7a Helou	15 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Helou	16 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Helou	17 7a-7p Ackerman, Boulos, Rubeiz, 7p-7a Tielker	18 7a-7p Miller, Barnes, Nunez 7p-7a Tielker
19 7a-7p Miller, Barnes, Nunez 7p-7a Tielker	20 7a-7p Ackerman, Boulos Rubeiz, Tielker 7p-7a Tielker	21 7a-7p Ackerman, Boulos Rubeiz, Tielker 7p-7a Tielker	22 7a-7p Ackerman, Boulos Rubeiz, Tielker 7p-7a Tielker	23 7a-7p Ackerman, Boulos Rubeiz, Tielker 7p-7a Tielker	24 7a-7p Ackerman, Boulos Rubeiz, Tielker 7p-7a Miller	25 7a-7p Rhodes, Magid, Carver 7p-7a Miller
26 7a-7p Rhodes, Magid, Carver 7p-7a Miller	27 7a-7p Ackerman, Devnani, Tielker 7p-7a Roesner	28 7a-7p Ackerman, Devnani, Tielker 7p-7a Roesner	29 7a-7p Ackerman, Boulos, Tielker 7p-7a Roesner	30 7a-7p Ackerman, Boulos, 7p-7a Roesner		



# May 2015/Critical Care Medicine on call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 7a-7p Ackerman Boulos 7p-7a- Rhodes	2 7a-7p Ackerman, Barnes, Kassab 7p-7a Rhodes
3 7a-7p Ackerman, Barnes, Kassab 7p-7a Rhodes	4 7a-7p Ackerman, Rubelz, Tielker, Boulos 7p-7a Devnani	5 7a-7p Ackerman, Rubelz, Tielker, Boulos 7p-7a Devnani	6 7a-7p Ackerman, Rubelz, Tielker, Boulos 7p-7a Devnani	7 7a-7p Ackerman, Rubelz, Tielker, Boulos 7p-7a Devnani	8 7a-7p Ackerman, Rubelz, Tielker, Boulos 7p-7a Helou	9 7a-7p Roesner, Carver, Nunez 7p-7a Helou
10 7a-7p Roesner, Carver, Nunez 7p-7a Helou	11 7a-Boulos, Devnani, Rubelz, Tielker 7p-7a Quick	12 7a-Boulos, Devnani, Rubelz, Tielker 7p-7a Quick	13 7a-Boulos, Devnani, Rubelz, Tielker 7p-7a Quick	14 7a-Boulos, Devnani, Rubelz, Tielker 7p-7a Quick	15 7a-Boulos, Devnani, Rubelz, Tielker 7p-7a Ackerman	16 7a-7p Tielker, Barnes, Tahir 7p-7a Ackerman
17 7a-7p Tielker, Barnes, Tahir 7p-7a Ackerman	18 7a-7p Boulos Rubelz 7p-7a Gianaris	19 7a-7p Boulos Rubelz, Ackerman 7p-7a Gianaris	20 7a-7p Boulos Rubelz, Ackerman 7p-7a Gianaris	21 7a-7p Boulos Rubelz, Ackerman 7p-7a Gianaris	22 7a-7p Boulos Rubelz, Ackerman 7p-7a Gianaris	23 7a-7p Rhodes, Nunez, Carver 7p-7a Miller
24 7a-7p Rhodes, Nunez, Carver 7p-7a Miller	25 7a-7p Ackerman, Boulos, Rubelz 7p-7a Hague	26 7a-7p Ackerman, Tielker, Rubelz 7p-7a Hague	27 7a-7p Ackerman, Tielker, Rubelz, Boulos 7p-7a Hague	28 7a-7p Ackerman, Boulos, Rubelz, Tielker 7p-7a Hague	29 7a-7p Ackerman, Boulos, Rubelz, Tielker 7p-7a Hague	30 7a-7p Ackerman, Boulos, Rubelz, Tielker 7p-7a Hague
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# July 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5 7a-5p Miller, Carver, Nunez 5p-7a Rubeiz	6 7a-5p Devnani, Boulos, Tielker 5p-7a Ackerman	7 7a-5p Devnani, Boulos, Rubeiz 5p-7a Ackerman	8 7a-5p Devnani, Boulos, Rubeiz 5p-7a Ackerman	9 7a-5p Devnani, Boulos, Rubeiz 5p-7a Ackerman	10 7a-5p Devnani, Boulos, Rubeiz 5p-7a Elias	11 7a-5p Tielker, Magid, Tahir 5p-7a Elias
12 7a-5p Tielker, Magid, Tahir 5p-7a Elias	13 7a-5p Devnani, Boulos, Tielker 5p-7a Rubeiz	14 7a-5p Devnani, Boulos, Tielker 5p-7a Rubeiz	15 7a-5p Devnani, Boulos, Tielker 5p-7a Rubeiz	16 7a-5p Devnani, Boulos, Tielker 5p-7a Rubeiz	17 7a-5p Devnani, Boulos, Tielker 5p-7a Cianaris	18 7a-5p Boulos, Barnes, Carver 5p-7a Cianaris
19 7a-5p Boulos, Barnes, Carver 5p-7a Cianaris	20 7a-5p Devnani, Rubeiz, Tielker 5p-7a Boulos	21 7a-5p Devnani, Rubeiz, Tielker 5p-7a Boulos	22 7a-5p Devnani, Rubeiz, Tielker 5p-7a Boulos	23 7a-5p Devnani, Rubeiz, Tielker 5p-7a Boulos	24 7a-5p Devnani, Rubeiz, Tielker 5p-7a Tielker	25 7a-5p Cianaris, Barnes, Tahir 5p-7a Tielker
26 7a-5p Cianaris, Barnes, Tahir 5p-7a Tielker	27 7a-5p Devnani, Ackerman, Rubeiz 5p-7a Tielker	28 7a-5p Devnani, Ackerman, Rubeiz 5p-7a Tielker	29 7a-5p Devnani, Ackerman, Rubeiz 5p-7a Tielker	30 7a-5p Devnani, Ackerman, Rubeiz 5p-7a Tielker	31 7a-5p Devnani, Ackerman, Rubeiz 5p-7a Joseph	

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# August 2015/Critical Care Medicine on call Schedule for CHN

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
2 7a-7p Rubeiz, Magid, Carver 7p-7a Joseph	3 7a-7p Boulos, Devnani, Rubeiz 7p-7a Joseph	4 7a-7p Boulos, Devnani, Rubeiz 7p-7a Joseph	5 7a-7p Boulos, Devnani, Rubeiz 7p-7a Joseph	6 7a-7p Boulos, Devnani, Rubeiz 7p-7a Joseph	7 7a-7p Boulos, Devnani, 7p-7a Rhodes	8 7a-7p Quick, Barnes, Tahir 7p-7a Rhodes
9 7a-7p Quick, Barnes, Tahir 7p-7a Rhodes	10 7a-Ackerman, Tielker 7p-7a Quick	11 7a-Ackerman, Tielker 7p-7a Quick	12 7a-Ackerman, Tielker, Devnani 7p-7a Quick	13 7a-Ackerman, Tielker, Devnani 7p-7a Quick	14 7a-Ackerman, Tielker, Devnani 7p-7a Ackerman	15 7a-7p Devnani, Magid, Carver 7p-7a Ackerman
16 7a-7p Devnani, Magid, Carver 7p-7a Ackerman	17 7a-7p Boulos, Rubeiz, Tielker 7p-7a Devnani	18 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	19 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	20 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Devnani	21 7a-7p Ackerman, Boulos, Rubeiz, Tielker 7p-7a Haque	22 7a-7p Miller, Barnes, Tahir 7p-7a Haque
23 7a-7p Miller, Barnes, Tahir 7p-7a Haque	24 7a-7p Boulos, Rubeiz 7p-7a Haque	25 7a-7p Boulos, Rubeiz, Tielker 7p-7a Haque	26 7a-7p Boulos, Rubeiz, Tielker 7p-7a Haque	27 7a-7p Boulos, Rubeiz, Tielker 7p-7a Haque	28 7a-7p Rubeiz, Tielker 7p-7a Boulos	29 7a-7p Rhodes, Magid, Carver 7p-7a Boulos
30 7a-7p Rhodes, Magid, Carver 7p-7a Boulos	31 7a-7p Ackerman, Rubeiz, Tielker 7p-7a Gianaris					

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# September 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1 7a-5p Boulos, Rubelz Tielker, Ackerman 5p-7a Gianaris	2 7a-5p Boulos, Rubelz Tielker, Ackerman 5p-7a Gianaris	3 7a-5p Rubelz Tielker, Ackerman 5p-7a Gianaris	4 7a-5p Boulos, Rubelz Tielker, Ackerman 5p-7a Roesner	5 7a-5p Ackerman Tahir, Sturtevant 5p-7a Roesner
6 7a-5p Ackerman Tahir, Sturtevant 5p-7a Roesner	7 7a-5p Rubelz, Tielker 5p-7a Roesner	8 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Roesner	9 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Roesner	10 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Roesner	11 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Miller	12 7a-5p Boulos, Carver, Nunez 5p-7a Miller
13 7a-5p Boulos, Carver, Nunez 5p-7a Miller	14 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rubelz	15 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rubelz	16 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rubelz	17 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rubelz	18 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Devnani	19 7a-5p Tielker, Tahir, Sturtevant 5p-7a Devnani
20 7a-5p Tielker, Tahir, Sturtevant 5p-7a Devnani	21 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rhodes	22 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rhodes	23 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Rhodes	24 7a-5p Ackerman, Tielker 5p-7a Rhodes	25 7a-5p Ackerman, Tielker 5p-7a Quick	26 7a-5p Roesner, Magid, Nunez 5p-7a Quick
27 7a-5p Roesner, Magid, Nunez 5p-7a Quick	28 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Quick	29 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Quick	30 7a-5p Ackerman, Boulos, Rubelz, Tielker 5p-7a Quick			

